

FILED JUN 9 1944

Registration District No. 1818

Primary Registration District No. 1003

Registrar's No. 4914

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 5800 Arsenal 11 yr. plus  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Sophia Basley

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. years  
7. Birth date of deceased alt 1874  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
alt 70 hr. min.

9. Birthplace England  
(City, town, or county) (State or foreign country)

10. Usual occupation ret

11. Industry or business

MOTHER FATHER { 12. Name not known 9  
13. Birthplace unknown (City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant James P. Perry  
(b) Address 1300 1/2 Pearl  
Charlottesville, Va. (b) Date thereof 5-16-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Washington D.C.

18. (a) Signature of funeral director W. J. Bredbeck  
(b) Address 3520 Rutledge  
19. (a) MAY 29 1944 (Date received local registrar) J. P. Bredbeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5800 Arsenal  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4  
year 1944 hour 5 minute 45 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Pubertal Epilepsy  
Gradual left femur when she  
fell to floor at City Infirmary  
while going to bath room in  
April 1944 1944 about 5:30 p.m.  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence April 19 1944  
(c) Where did injury occur St. Louis (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public place (Specify type of place)  
While at work? no (e) Means of injury fall  
23. Signature Alfred J. Perry (M. D. or other)  
Address Respect, Va. Date signed 5/18/44

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**